

**Property Exposure Update/Reporting Form**  
**Miscellaneous Categories**  
**Office Of Risk Management – State Agency Movable Property System (Stamps)**

<b>NOTE:</b>	USE THIS FORM TO ADD MOVABLE PROPERTY (CONTENT) VALUES FOR BUILDINGS NOT ALREADY INDICATED ON THE COMPUTER PRINTOUT OR TO ADD ADDITIONAL EXPOSURE CATEGORIES TO BUILDINGS ALREADY INDICATED ON THE COMPUTER PRINTOUT. <b>DO NOT USE TO INSURE ACTUAL BUILDING STRUCTURE..</b>				
STATE AGENCY NAME:		ORM LOCATION CODE:		DATE SUBMITTED:	
SUBMITTED BY:		TITLE		PHONE NUMBER:	

BUILDING INFORMATION THE FOLLOWING INFORMATION MUST BE PROVIDED FOR EACH BUILDING				SQUARE FOOTAGE INFORMATION		MISCELLANEOUS CATEGORIES (PLEASE ROUND FIGURES TO WHOLE NUMBERS)			
				GROUND FLOOR SQUARE FOOTAGE	TOTAL SQUARE FOOTAGE	BUSINESS INCOME	REGISTERED MAIL PARCEL POST	LPFA THIRD PARTY FINANCING	FLOOD OTHER CONTENTS
1. BUILDING IDENTIFICATION NUMBER:									
2. PARISH CODE:		3. FLOOD ZONE:							
4. OWNER OF THE BUILDING: (IF STATE OWNED, INDICATE WHICH STATE AGENCY):									
5. BUILDING NAME: (IF APPLICABLE)									
6. PHYSICAL STREET ADDRESS (NOT P. O. BOX) CITY AND STATE									
				YES	NO				
7. ARE EMPLOYEES HOUSED AT THIS LOCATION?				<input type="checkbox"/>	<input type="checkbox"/>				
7A. IF “YES”, ARE EMPLOYEES CONTRACT EMPLOYEES?				<input type="checkbox"/>	<input type="checkbox"/>				
8. IF ANSWER TO ITEM “7” & “7A” IS NO, IS THIS WAREHOUSE SPACE?				<input type="checkbox"/>	<input type="checkbox"/>				
8A. IF ANSWER TO ITEM “8” IS YES, IS THIS MINI –WAREHOUSE SPACE?				<input type="checkbox"/>	<input type="checkbox"/>				
RETURN COMPLETED FORM TO:		UNDERWRITING UNIT, OFFICE OF RISK MANAGEMENT, POST OFFICE BOX 91106, CAPITOL STATION, BATON ROUGE, LOUISIANA 70821-9106							